REMARKS

Claim 12 is allowed. Claims 1, 3-7, 10, 11, 13, 18, 20, 21, 23, 26-28, and 30-36 are rejected.

I. Rejections Under 35 USC §102

Claims 1, 3, 5-7, 10 and 13 stand rejected under 35 U.S.C. 102(e) as being anticipated by Lampadius (DE 2453840). Lampadius is characterized as having a plastic ampul that is formulated to rupture when the lead is urged against a treatment site, thereby liberating a tissue adhesive. The "ampul" embodiment of Lampadius is shown in Fig. 3:

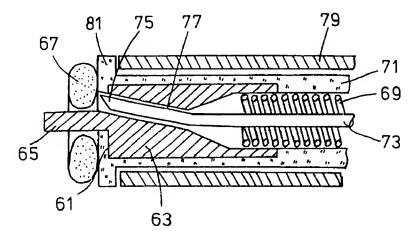


Fig. 3

The ampul 67 is attached to the end of the lead and surrounds electrode tip 65. As shown, a stylet 73 having a sharply pointed tip 75 is advanced through channel 77 and into contact with ampul 67. The sharp tip 75 punctures ampul 67. The opened amplul is then pressed against the heart tissue to squeeze out the adhesive.

In contrast, the capsule of claim 1 is adapted for rupturing in response to a force applied when the capsule is pressed against a treatment site. The ampul in Lampadius is not adapted for rupturing by applied force developed by pressing the ampul against the heart tissue. Accordingly, claims 1, 3, 5-7, 10 and 13 are not anticipated by Lampadius. Furthermore, dependent claims 4 and 11 are not obvious.

II. Rejections Under 35 USC §103

Claims 18, 20, 23, 24, 27, 30-32 and 35 are rejected as being obvious over Lampadius in view of Starksen. Claim 18 is directed to a catheter and a lead wherein the lead has a glue segment and a guard disposed about the lead body that is proximal to and in proximity to the glue segment. The guard projects outwardly from the lead body to prevent the glue segment from contacting a wall of the catheter lumen as the lead is advanced through the lumen.

Lampadius is characterized as having a guard, which is identified in the office action as item 81. However, in the Lampadius disclosure, the catheter is identified as item 79. The radial edge 81 is disclosed as providing a tool for squeezing glue from the ampul after it has been pierced by the sharp point of the stylet. The catheter can then be pushed against the flange surface of radial edge 81 to apply pressure that squeezes out the glue. Clearly, radial edge 81 is larger in diameter than the lumen of catheter 79. Thus, the radial edge is not and in fact cannot be advanced through the lumen of catheter 79.

The characterization of Lampadius is erroneous and the rejection necessarily fails. Claim 18 and the claims dependent thereon are patentable over Lampadius in view of Starksen.

Claim 36 is rejected as being obvious over Lampadius in view of Williams. Claim 36 is directed to a helical coil electrode medical lead having a glue segment extending along and outward from a distal surface. The glue segment is specified as curing upon contact with moisture at the treatment site. Claim 36 has been amended to further recite, as in claim 1, that the glue segment comprises a biocompatible capsule, said capsule being adapted for rupturing in response to applied force produced when said lead is pressed against a treatment site as the electrode is advanced, the capsule releasing the tissue adhesive upon rupturing, which serves to affix the lead body to the

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treatment site. As explained above, Lampadius fails to disclose this structure.

Accordingly, claim 36 as amended is patentable over Lampadius in view of Williams.

III. Conclusion

Applicants assert that the remarks presented herein are fully responsive to the

Office Action and are sufficient to overcome the rejections presented in the Office

Action. However, there may be other arguments to be made as to why the pending

claims are patentable. Applicants do not concede any such arguments by having not

presented them herein.

Should any issues remain outstanding, the Examiner is urged to telephone the

undersigned to expedite prosecution. The Commissioner is authorized to charge any

deficiencies and credit any overpayments to Deposit Account No. 13-2546.

Respectfully submitted,

Date July 6, 2009

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